

*Their Sacrifice*

**RESERVE COMPONENT  
TRANSITION COORDINATOR**

North

Mr DeRay Landon (877)564-7237

South

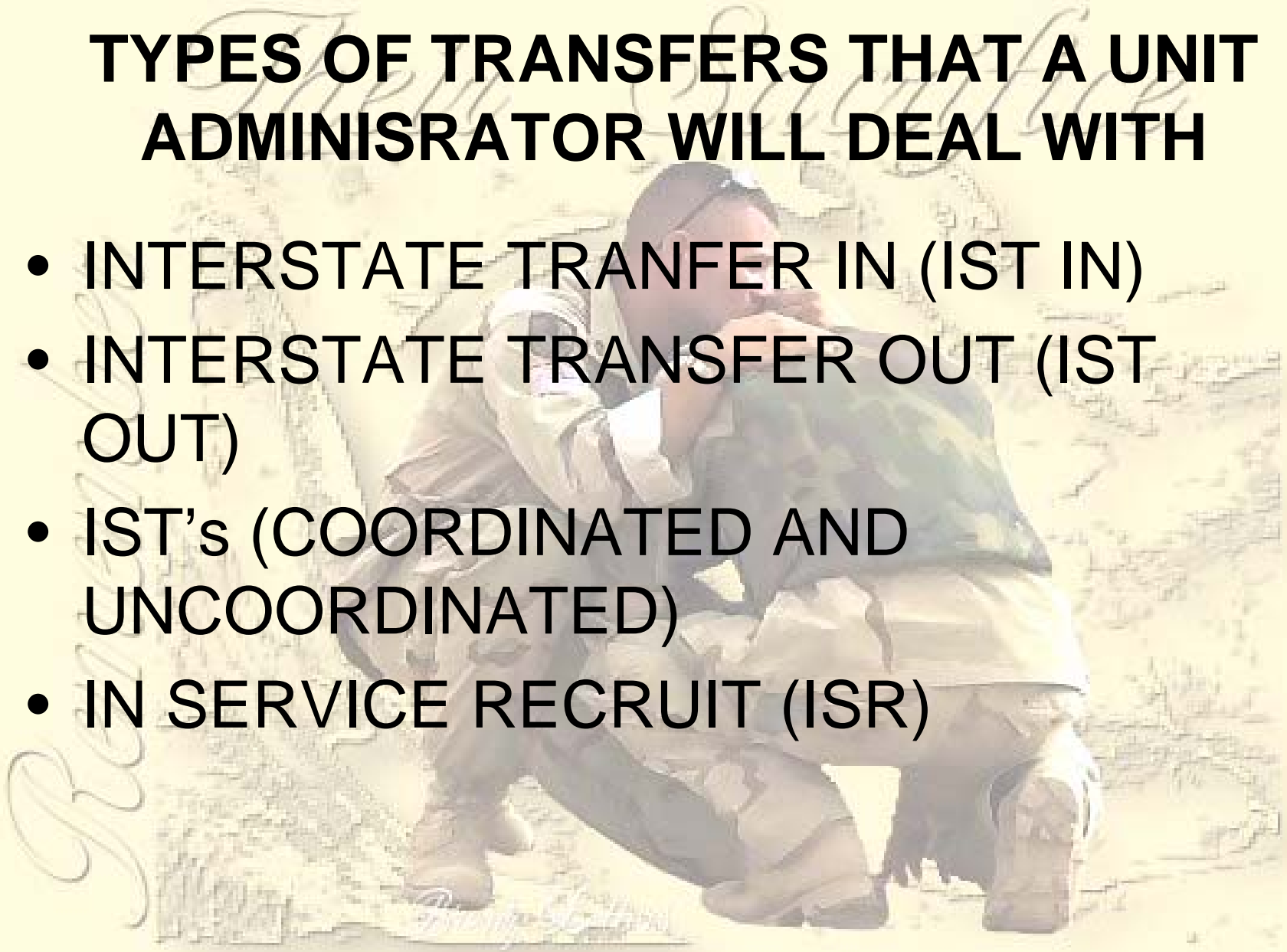
SSG David Eisele (702)643-4248

# What is RCT & What do we do?

- All 54 states and territories have an RCT coordinator
- Our function is to help Interstate Transfers and Transitioning Active Army soldiers find a unit and successful transition into the State of Nevada and the gaining unit
- We coordinate all out going soldier to find them a unit and successful transition into the state they are moving too

# **TYPES OF TRANSFERS THAT A UNIT ADMINISTRATOR WILL DEAL WITH**

- INTERSTATE TRANSFER IN (IST IN)
- INTERSTATE TRANSFER OUT (IST OUT)
- IST's (COORDINATED AND UNCOORDINATED)
- IN SERVICE RECRUIT (ISR)



# INTERSTATE TRANSFER

## Section VII Interstate Transfer

### 5-34. General

a. This policy allows a soldier relocating to another State to reenlist into the ARNGUS of the new State before moving to that State. It also permits transfer to enter active duty with a unit being called into active Federal service per paragraph 5-50. Inter-state transfers are individual personnel actions submitted by soldiers through administrative channels.

b. The effectiveness of the interstate transfer process requires that soldiers inform their units as soon as they plan to move. This will allow coordination between the losing and gaining State headquarters. It is not intended for soldiers who are uncertain as to where they are relocating.

c. Restrictions. Do not transfer soldiers:

(1) Who do not meet medical retention standards. Waiver is not authorized.

(2) Who do not meet the standards of AR 600-9. Waiver may be authorized by gaining state if the soldier is making satisfactory progress in the weight control program.

(3) Within 4 months of current ETS at time of request for transfer, unless they immediately reenlist or extend their current enlistments on or before the date they effect the Interstate Transfer. Waiver is not authorized.

(4) With 9 or more unexcused absences within the preceding 12 months. Waiver is not authorized.

(5) Who are not certain if they will reside in the State to which they are moving. Waiver is not authorized.

See paragraph 5-38.

(6) Who do not have a current APFT. Waiver is not authorized.

# *Their Sacrifice*

## **Transfer's**

**5-35. Losing State actions**

**5-36. Gaining State actions**

**5-37. Uncoordinated interstate transfer**

**5-38. Conditional release**

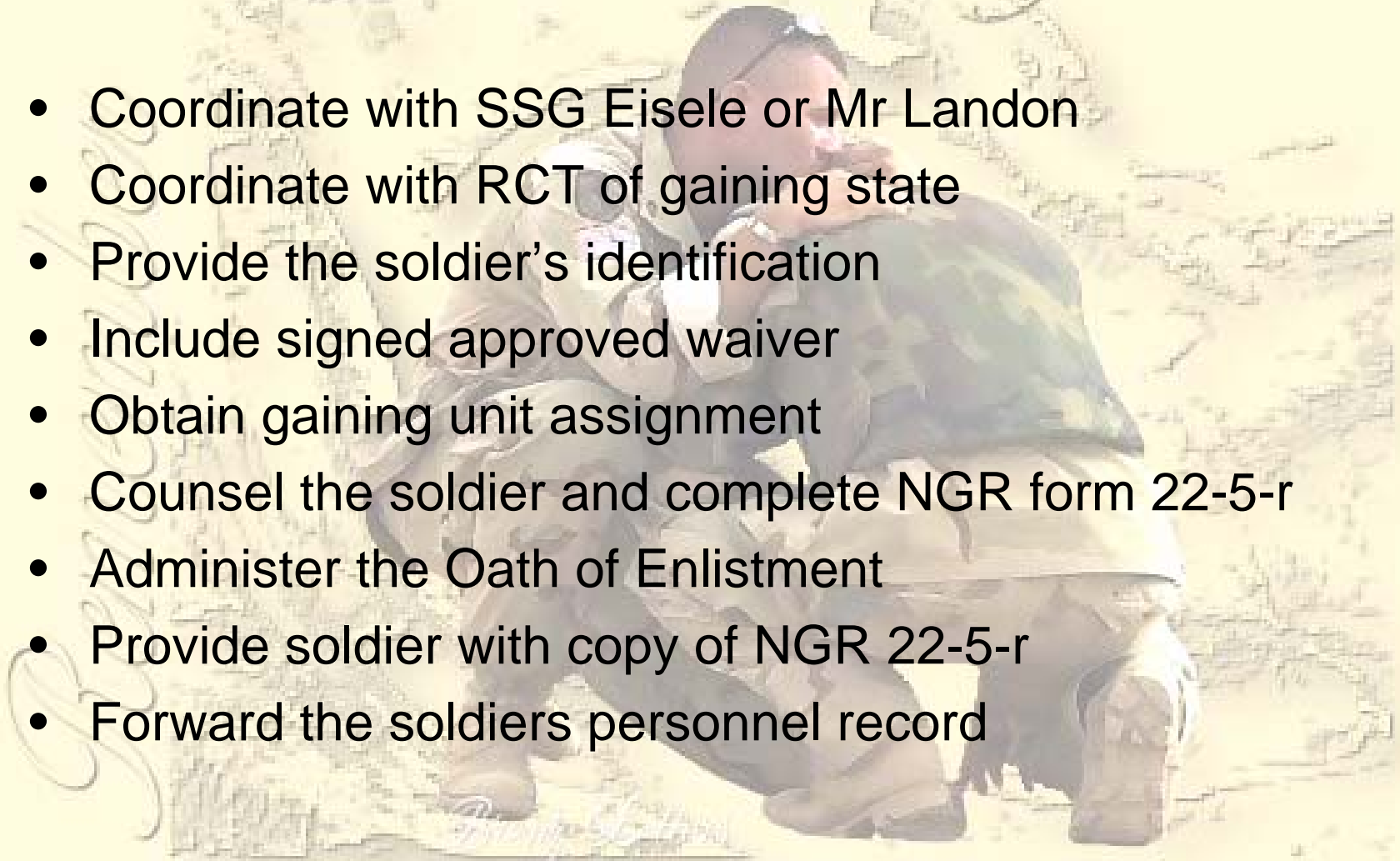
**5-46. Enlistment In another U.S. Armed Force**

*Remember*



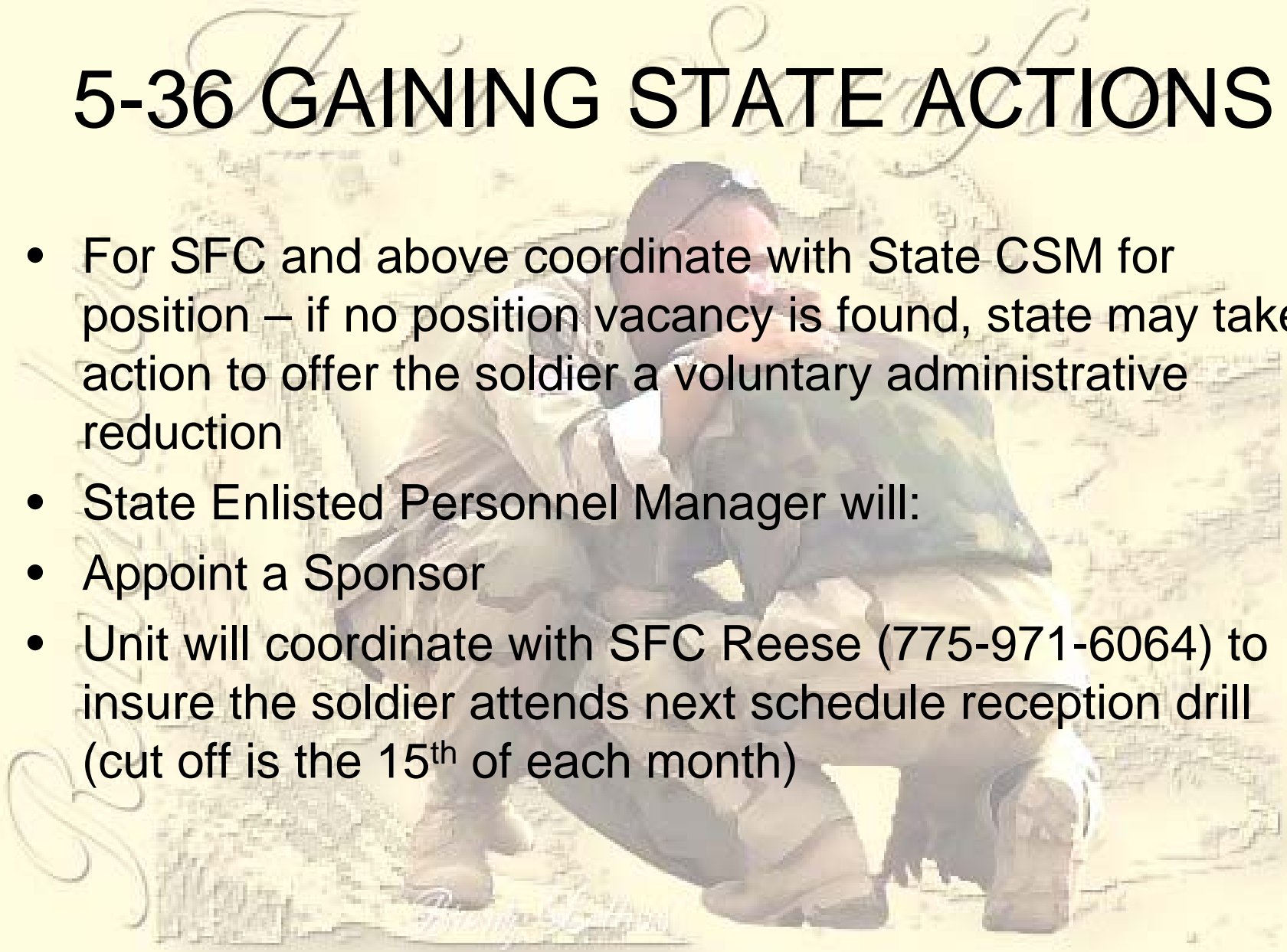
# 5-35 LOSING STATE ACTIONS

- Coordinate with SSG Eisele or Mr Landon
- Coordinate with RCT of gaining state
- Provide the soldier's identification
- Include signed approved waiver
- Obtain gaining unit assignment
- Counsel the soldier and complete NGR form 22-5-r
- Administer the Oath of Enlistment
- Provide soldier with copy of NGR 22-5-r
- Forward the soldiers personnel record



# 5-36 GAINING STATE ACTIONS

- For SFC and above coordinate with State CSM for position – if no position vacancy is found, state may take action to offer the soldier a voluntary administrative reduction
- State Enlisted Personnel Manager will:
- Appoint a Sponsor
- Unit will coordinate with SFC Reese (775-971-6064) to insure the soldier attends next schedule reception drill (cut off is the 15<sup>th</sup> of each month)





# COMPLETION OF NGB FORM 22-5-r

- Addendum to DD Form 4 – what does that mean?
- This is not a new enlistment contract.
- As long as the soldier has 4 months before ETS – enlistment period is to end at present contract
- If soldiers ETS is less than 4 months a new reenlistment must be completed prior to transfer – no less that one year extension
- Soldier must sign page 1 and page 2 block 17a
- Enlisting officer signs page 1
- Block 18a can be signed by unit representative
- Block 16 is date soldier swears in – assignment NLT 15 days after soldier swears in

## NGB FOR 22-5-R-E ADDENDUM

| Part I - SOLDIER DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                           |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------|-------------------------------------|
| 1. NAME (Last, First, MI)<br>LONDON FRANCIS D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | 2. SSN<br>000000000                                                       |                                     |
| 3. GRADE OF RANK<br>SFC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4. PMOS<br>79T                      | 5. CRITICAL SKIL <input type="checkbox"/> YES <input type="checkbox"/> NO |                                     |
| 6. BONUS TYPE<br>NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7. ETS (YYMMDD)<br>061225           | 8. MGIB <input type="checkbox"/> YES <input type="checkbox"/> NO          |                                     |
| 9a. NEW ADDRESS<br>4444 RANGE RD LAS VEGAS NV 89015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | 9b. PHONE NUMBER:<br>7025555555                                           |                                     |
| 10. CURRENT UNIT OF ASSIGNMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                           |                                     |
| a. UNIT<br>1234 <sup>TH</sup> FA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | b. ADDRESS<br>WHITE HALL MT         | c. PHONE NUMBER<br>4063243256                                             |                                     |
| 11a. STATE REPRESENTATIVE WHO COORDINATED TRANSFER (Grade of Rank and Name)<br>SFC HAWTHORNE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | 11b. PHONE NUMBER:<br>4063243256                                          |                                     |
| Part II - TRANSFER DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                           |                                     |
| 12. TRANSFER TO (State)<br>NEVADA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                           |                                     |
| 13. NEW UNIT OF ASSIGNMENT 1/221 <sup>ST</sup> CAV DUC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                           |                                     |
| a. UI C:<br>WVKWHD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | b. PRN:<br>403                      | c. PARA/LINE:<br>109-04                                                   | d. DMOS:<br>190                     |
| e. ADDRESS<br>6400 RANGE RD LAS VEGAS NV 89115                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | f. PHONE NUMBER:<br>7026320561                                            |                                     |
| 14. NEW UNIT POC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                           |                                     |
| a. NAME<br>SSG SHERYCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | b. PHONE NUMBER:<br>7026320561                                            |                                     |
| 15. STATE REPRESENTATIVE WHO RECEIVED TRANSFER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                           |                                     |
| a. NAME<br>SFC LONDON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | b. PHONE NUMBER:<br>775-884-8435                                          |                                     |
| 16. EFFECTIVE DATE OF TRANSFER (date of enlistment)<br>27 JUN 06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                           |                                     |
| Part III - SOLDIER ACKNOWLEDGMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                           |                                     |
| I, <u>FRANCIS LONDON</u> (Soldier's Name) acknowledge that I have been accepted by the State of <u>NEVADA</u> for an interstate transfer. I understand that I must report to my new unit of assignment no later than <u>060712</u> (YYMMDD). That my responsibility to contact my new unit if I will be delayed delayed. I further understand that if I fail to report, I will receive uncharacterized discharge with reentry eligibility code of 3, which will disqualify me for enlistment unless a waiver is approved. I understand that my failure to report also subjects me to possible administrative and judicial action. That I am not authorized to enter into a service agreement with another military unit/component during the period of transfer. |                                     |                                                                           |                                     |
| 17a. SOLDIER'S SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 17b. DATE (YYMMDD)<br>June 26, 2006 | 18a. UNIT REPRESENTATIVE'S SIGNATURE                                      | 18b. DATE (YYMMDD)<br>June 26, 2006 |
| Attachments:<br>1. Copy of Soldier's DA Form 2-1, GPFR-1790(PQR), SF 88 and SF93.<br>* Soldier must report to new unit within 60 days of date of enlistment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                           |                                     |
| NGB Form 22-5-R-E, MAY00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                           |                                     |

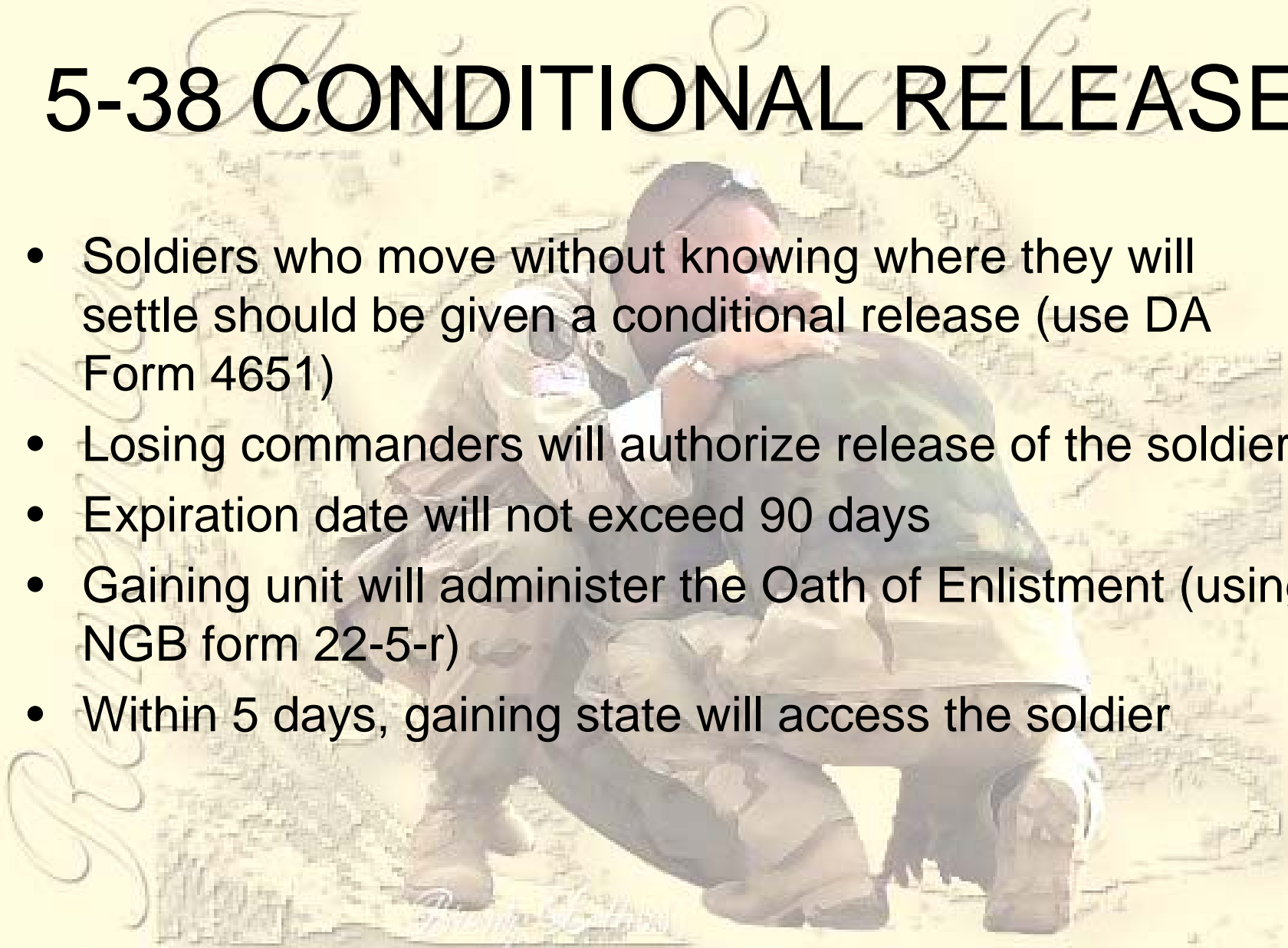


# 5-37 UNCOORDINATED INTERSTATE TRANSFER

- When there is not enough time to coordinate a transfer before the soldier departs:
- Losing unit will provide soldier information (i.e. new residence, phone number, date of arrival, etc.) to Nevada's RCT
- Nevada's RCT will forward this to the Gaining state RCT
- Give soldier name and phone number of gaining state RCT coordinator
- Provide copy of last DD Form 4
- Instruct the soldier to contact the RCT within 30 days after arrival

# 5-38 CONDITIONAL RELEASE

- Soldiers who move without knowing where they will settle should be given a conditional release (use DA Form 4651)
- Losing commanders will authorize release of the soldier
- Expiration date will not exceed 90 days
- Gaining unit will administer the Oath of Enlistment (using NGB form 22-5-r)
- Within 5 days, gaining state will access the soldier

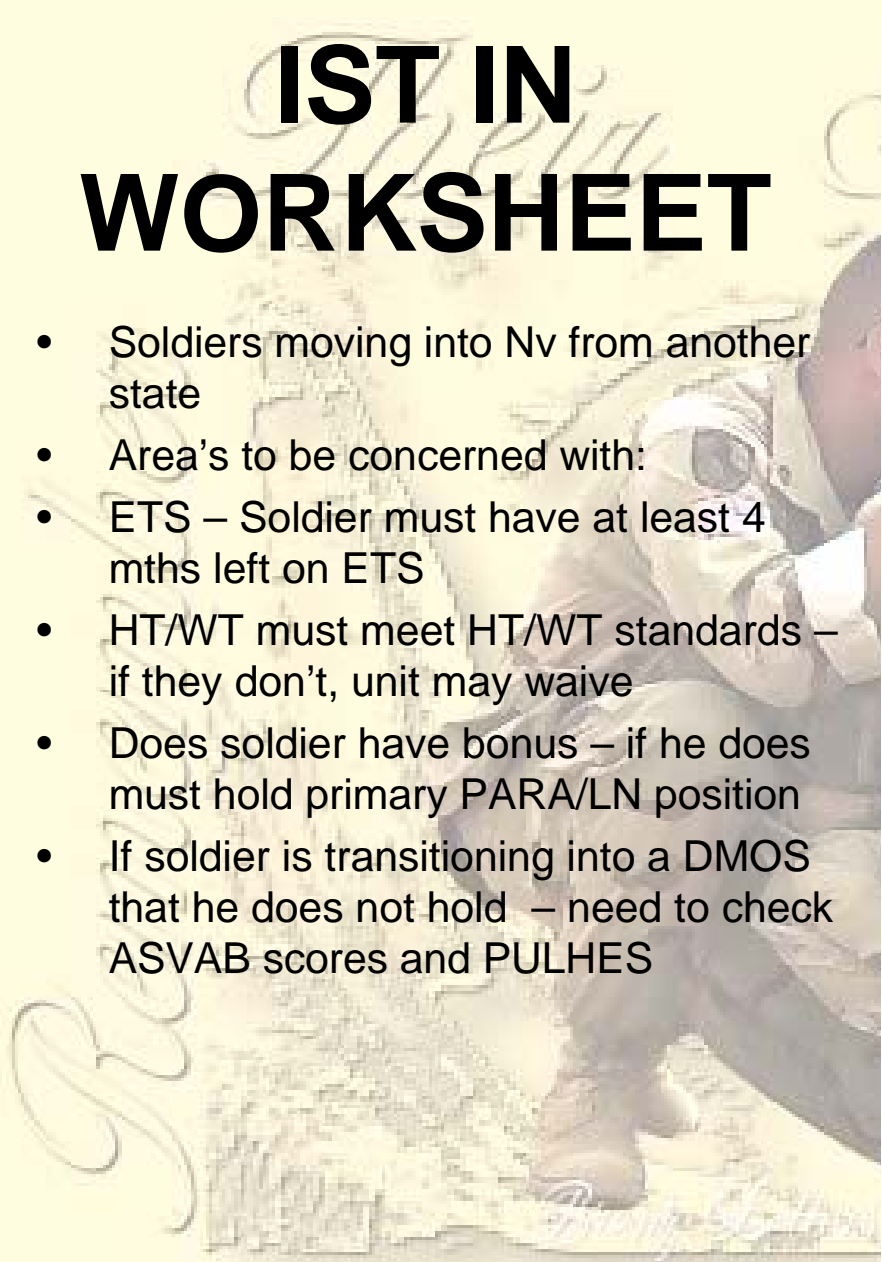


# 5-38 CONDITIONAL RELEASE DA 4651

- TO: Address to the state the soldier is moving to – use the gaining RCT's information
- FROM: Use you full address and phone number for contact information
- Section 3 is the soldiers information
- Section 4 is the authority and effective date of the conditional release – effective date starts the 90 days
- Section 5 is gaining state info
- Section 6 is you unit info – annotate all contact information
- 6d commander must sign
- 8 Remarks – specify the terms of the conditional release

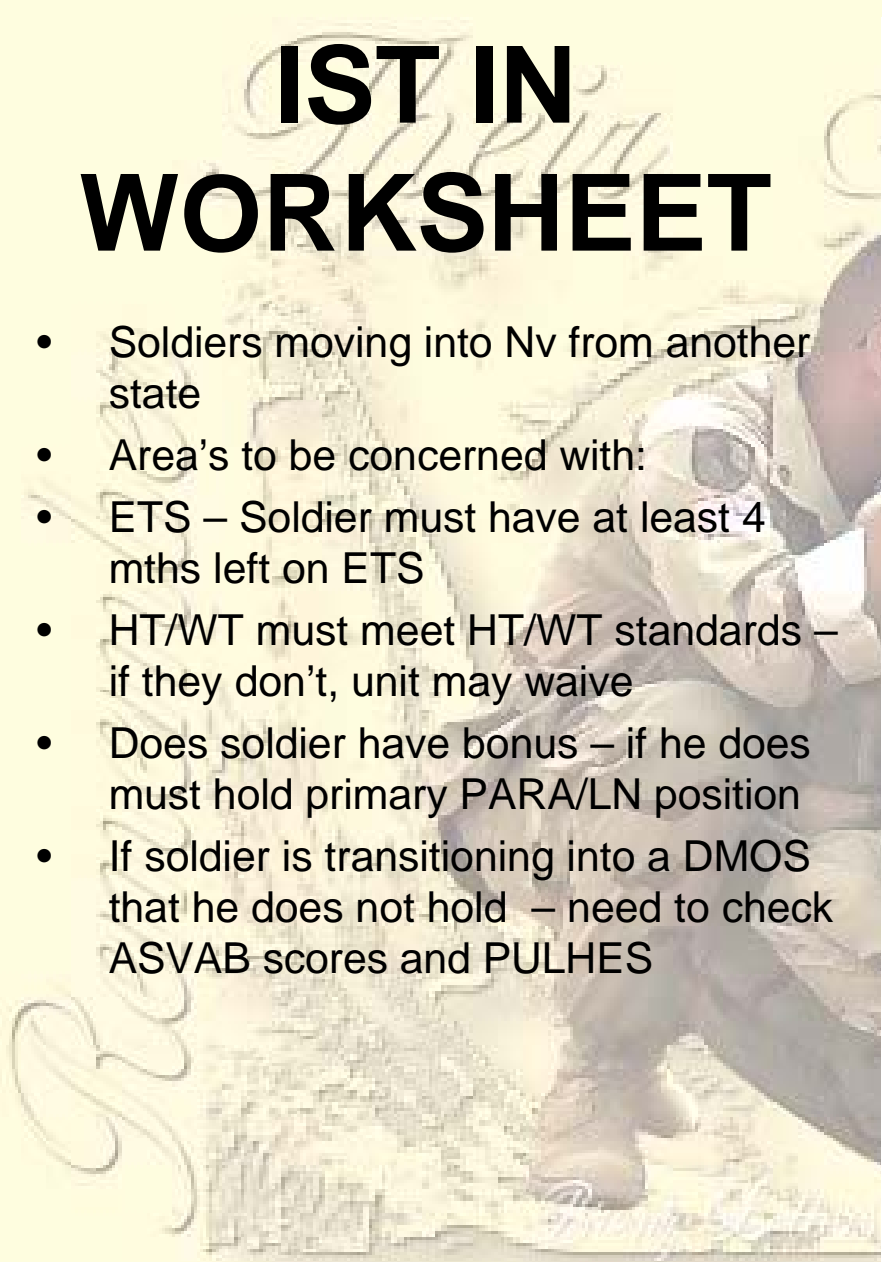
| REQUEST FOR RESERVE COMPONENT ASSIGNMENT OR ATTACHMENT                                                                                                                                                                                                                                                                                                         |                  |             |                                                                                          |                                                                                                            |                     | DATE (YYYYMMDD)                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------|--|
| For use of this form, see AR 140-10; the proponent agency is DCS, G1.                                                                                                                                                                                                                                                                                          |                  |             |                                                                                          |                                                                                                            |                     | 20060627                                             |  |
| 1. TO:<br>MONTANA ARMY NATIONAL GUARD<br>ATTN: SFC HAWTHORNE<br>406-324-3256<br>DSN: 3243256                                                                                                                                                                                                                                                                   |                  |             |                                                                                          | 2. FROM:<br>COMMANDER<br>HHT 1/221ST ARMOR CAV (DUIC)<br>6400 RANGE RD<br>LAS VEGAS, NV 89015 702-632-0561 |                     |                                                      |  |
| <b>PRIVACY ACT STATEMENT</b><br>Authority for collecting personal information and social security number is 10 U.S.C. 3012. Disclosure by member is mandatory.<br>Principal purpose is to transfer Reservist between units. Routine uses: To document transfer and attachment actions.<br>The SSN is used for maintenance of records and compiling statistics. |                  |             |                                                                                          |                                                                                                            |                     |                                                      |  |
| 3. NAME AND CURRENT ADDRESS<br>FRANCIS D LONDON<br>4444 RANGE RD<br>LAS VEGAS, NV 89015                                                                                                                                                                                                                                                                        |                  |             |                                                                                          |                                                                                                            |                     | a. SSN<br>000-00-0000                                |  |
|                                                                                                                                                                                                                                                                                                                                                                |                  |             |                                                                                          |                                                                                                            |                     | b. HOME TELEPHONE NUMBER (Area Code)<br>7025555555   |  |
|                                                                                                                                                                                                                                                                                                                                                                |                  |             |                                                                                          |                                                                                                            |                     | c. OFFICE TELEPHONE NUMBER (Area Code)<br>7020000000 |  |
| d. GRADE<br>SFC                                                                                                                                                                                                                                                                                                                                                | e. DOR<br>000000 | f. BRANCH   | g. SSI/PMOS<br>79T                                                                       | h. PEBD<br>700101                                                                                          |                     |                                                      |  |
| i. RYE                                                                                                                                                                                                                                                                                                                                                         | j. ETS<br>061225 | k. SEX<br>M | l. HEIGHT & WEIGHT<br>72/190                                                             | m. DOB<br>520101                                                                                           |                     |                                                      |  |
| n. TYPED NAME, GRADE AND SIGNATURE OF RESERVIST<br>SFC FRANCIS D LONDON                                                                                                                                                                                                                                                                                        |                  |             |                                                                                          |                                                                                                            |                     | DATE (YYYYMMDD)<br>20060627                          |  |
| 4. ACTION<br><input checked="" type="checkbox"/> a. VOL ASGMT <input type="checkbox"/> b. ATTACHMENT<br><input type="checkbox"/> c. RELIEVED FROM ATTACHMENT                                                                                                                                                                                                   |                  |             |                                                                                          |                                                                                                            |                     |                                                      |  |
| d. EFFECTIVE DATE (YYYYMMDD)<br>20060627                                                                                                                                                                                                                                                                                                                       |                  |             | e. AUTHORITY AND REASON FOR TRANSFER<br>NGR 600-200 PARA 5-38 90 DAY CONDITIONAL RELEASE |                                                                                                            |                     |                                                      |  |
| 5. REQUEST ASSIGNMENT / ATTACHMENT / TRANSFER TO: UIC<br>MONTANA ARMY NATIONAL GUARD                                                                                                                                                                                                                                                                           |                  |             |                                                                                          |                                                                                                            |                     | a. AUTOVON NUMBER                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                |                  |             |                                                                                          |                                                                                                            |                     | b. INPUT STATION NUMBER                              |  |
|                                                                                                                                                                                                                                                                                                                                                                |                  |             |                                                                                          |                                                                                                            |                     | c. UNIT PAYROLL NUMBER                               |  |
| d. TOE / TD                                                                                                                                                                                                                                                                                                                                                    | e. PARA          | f. LINE     | g. POSITION TITLE                                                                        | h. DUTY MOS                                                                                                | i. GRADE AUTHORIZED |                                                      |  |
| j. TYPED NAME, GRADE, TITLE AND SIGNATURE OF GAINING UNIT CDR                                                                                                                                                                                                                                                                                                  |                  |             |                                                                                          |                                                                                                            |                     | DATE (YYYYMMDD)                                      |  |
| 6. UNIT RELIEVED FROM ASSIGNMENT / ATTACHMENT UIC WVKWHD<br>HHT 1/221ST ARMOR CAV (DUIC)<br>6400 RANGE RD<br>LAS VEGAS, NV 89015 702-632-0561                                                                                                                                                                                                                  |                  |             |                                                                                          |                                                                                                            |                     | a. AUTOVON NUMBER                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                |                  |             |                                                                                          |                                                                                                            |                     | b. INPUT STATION NUMBER                              |  |
|                                                                                                                                                                                                                                                                                                                                                                |                  |             |                                                                                          |                                                                                                            |                     | c. UNIT PAYROLL NUMBER                               |  |
| d. TYPED NAME, GRADE, SIGNATURE OF LOSING UNIT COMMANDER<br>COMMANDER                                                                                                                                                                                                                                                                                          |                  |             |                                                                                          |                                                                                                            |                     | DATE (YYYYMMDD)<br>20060626                          |  |
| 7. INCLOSURES<br><input type="checkbox"/> a. ORDER <input type="checkbox"/> c. DD FORM 214 <input type="checkbox"/> e. OTHER<br><input checked="" type="checkbox"/> b. DD FORM 4 <input type="checkbox"/> d. MPRJ                                                                                                                                              |                  |             |                                                                                          |                                                                                                            |                     |                                                      |  |
| 8. REMARKS<br>As per NGR 600-200 para 3-28. This authorizes SFC Francis D Landon a 90 days conditional release. This action will begin as of this date and not to exceed 90 days, ending 20060926. POC for this action is myself or SGT David Eisele at 7026434248.                                                                                            |                  |             |                                                                                          |                                                                                                            |                     |                                                      |  |

Change to read Para 5-38



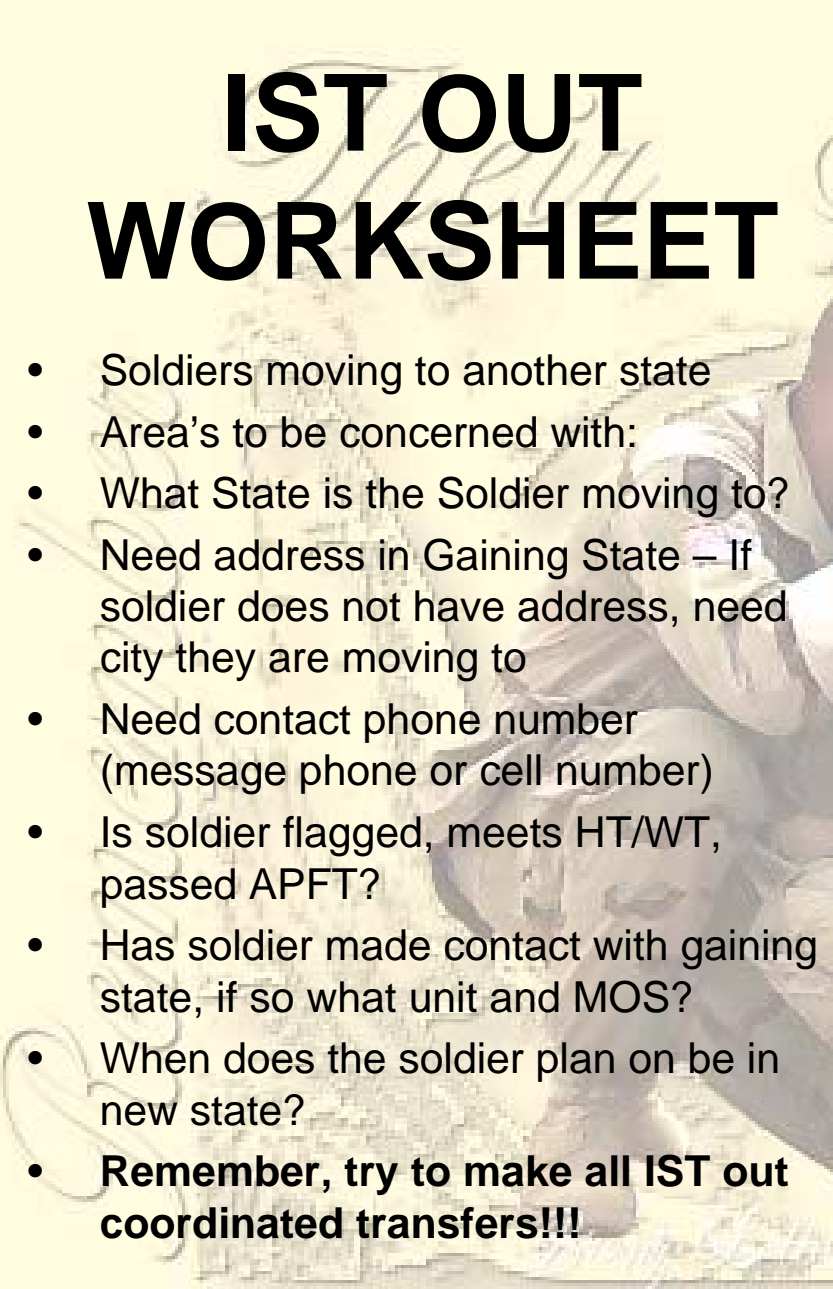
# IST IN WORKSHEET

- Soldiers moving into Nv from another state
- Area's to be concerned with:
- ETS – Soldier must have at least 4 mths left on ETS
- HT/WT must meet HT/WT standards – if they don't, unit may waive
- Does soldier have bonus – if he does must hold primary PARA/LN position
- If soldier is transitioning into a DMOS that he does not hold – need to check ASVAB scores and PULHES

- 
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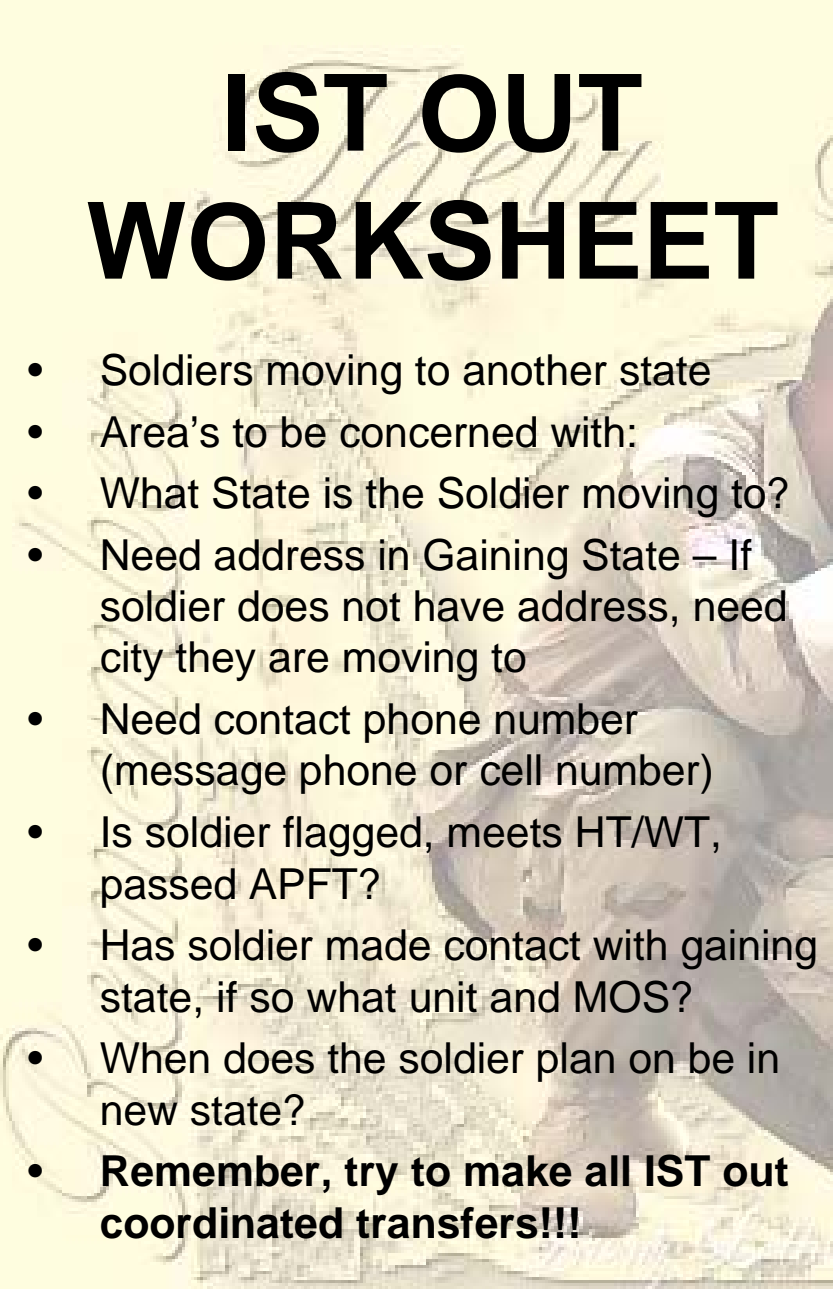
| TO:                                       |                                                       | FROM: SFC LONDON                                                                                    |                                                        |
|-------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| GState:                                   | NV                                                    | LState:                                                                                             | MT                                                     |
| Date Received                             | <div></div>                                           | Suspense Date                                                                                       | <div></div>                                            |
| <div>month/day/year</div>                 |                                                       | <div>day/month/year</div>                                                                           |                                                        |
|                                           |                                                       | Date Completed                                                                                      | <div></div>                                            |
| <div>month/day/year</div>                 |                                                       | <div>day/month/year</div>                                                                           |                                                        |
| GAIN: <input checked="" type="checkbox"/> |                                                       | LOSS: <input type="checkbox"/> PQR REQ: <input type="checkbox"/> PQR RCVD: <input type="checkbox"/> |                                                        |
| SOLDIER DATA                              |                                                       |                                                                                                     |                                                        |
| NAME                                      |                                                       | FRANCIS D LONDON                                                                                    |                                                        |
|                                           |                                                       | SSN:                                                                                                | Rank : Sex: M                                          |
|                                           |                                                       | 00000000                                                                                            | SFC                                                    |
| CURRENT ADDRESS                           |                                                       | PROJECTED NEW ADDRESS                                                                               |                                                        |
| Address 1 0000 MILITARY LN                |                                                       | Address 1 4444 Range Rd                                                                             |                                                        |
| Address 2                                 |                                                       | Address 2                                                                                           |                                                        |
| City GREAT FALLS                          |                                                       | City Las Vegas                                                                                      |                                                        |
| State / Zip MT 55555                      |                                                       | State / Zip NV 89015                                                                                |                                                        |
| H Phone 555 555 5555                      |                                                       | H Phone 702 555 5555                                                                                |                                                        |
| W Phone                                   |                                                       | W Phone                                                                                             |                                                        |
| EMAIL deray.landon@nv.ngb.army.mil        |                                                       | EMAIL                                                                                               |                                                        |
| ETS                                       | 120101                                                | PMOS                                                                                                | 19D                                                    |
|                                           |                                                       | SMOS                                                                                                | 19K                                                    |
|                                           |                                                       | ASI                                                                                                 |                                                        |
|                                           |                                                       | PEBD                                                                                                |                                                        |
|                                           |                                                       | FLAGGED                                                                                             | <input type="checkbox"/>                               |
| YYMMDD 3 digits                           |                                                       | YYMMDD State Reason in Comments                                                                     |                                                        |
| HT:                                       | 72                                                    | WT:                                                                                                 | 220                                                    |
| PULHES                                    |                                                       | DOB                                                                                                 |                                                        |
| Inches                                    |                                                       | Last Physical                                                                                       |                                                        |
| Lbs.                                      |                                                       | YMM                                                                                                 |                                                        |
| Meets Ht-Wt Std                           | Yes                                                   | Date of Tape                                                                                        |                                                        |
| Body Fat                                  | 24 %                                                  | MAX                                                                                                 | %                                                      |
| YYMMDD                                    |                                                       |                                                                                                     |                                                        |
| Bonus                                     | Type Bonus                                            | ENL BONUS                                                                                           | DVRL                                                   |
| Yes                                       | ENL                                                   | \$                                                                                                  | YX <input type="checkbox"/> N <input type="checkbox"/> |
|                                           |                                                       | Security Clearance                                                                                  | ETNAC                                                  |
| AWOLs                                     | Y <input type="checkbox"/> N <input type="checkbox"/> | Number                                                                                              | APFT                                                   |
| Cleared Supply                            | YES                                                   |                                                                                                     |                                                        |
| Line                                      | GT GM EL CL MM SC CO FA OF ST                         |                                                                                                     |                                                        |
| Scores                                    |                                                       |                                                                                                     |                                                        |
| AFQT                                      |                                                       |                                                                                                     |                                                        |
| LOSING UNIT                               |                                                       |                                                                                                     |                                                        |
| Projected date of departure               |                                                       | PRN                                                                                                 |                                                        |
|                                           |                                                       | UIC                                                                                                 |                                                        |
| Unit:                                     | 1234 <sup>th</sup> FA                                 | Phone                                                                                               |                                                        |
| Address 1                                 |                                                       | Comments: POC: MT SFC                                                                               |                                                        |
| Address 2                                 |                                                       | HAWTHORNE (406) 324-3256                                                                            |                                                        |
| City                                      | White Hall                                            |                                                                                                     |                                                        |
| State                                     | MT                                                    |                                                                                                     |                                                        |
| Zip +4                                    |                                                       |                                                                                                     |                                                        |
| GAINING UNIT                              |                                                       |                                                                                                     |                                                        |
| Para/Line: 109 04                         |                                                       | DMOS: 19D                                                                                           |                                                        |
| Projected date of departure               |                                                       | PRN                                                                                                 |                                                        |
|                                           |                                                       | UIC                                                                                                 |                                                        |
| Unit:                                     | PRN:403 UIC: VKWH D Unit: 1/221st Cav DUIC Address:   | Comments: POC: VKWT0 SSG SHERYCH                                                                    |                                                        |
|                                           | 6400 Range Road, Las Vegas, NV 89115                  | (702) 632-0561                                                                                      |                                                        |
| Address 1                                 |                                                       |                                                                                                     |                                                        |
| Address 2                                 |                                                       |                                                                                                     |                                                        |
| City                                      |                                                       |                                                                                                     |                                                        |
| State                                     |                                                       |                                                                                                     |                                                        |
| Zip +4                                    |                                                       |                                                                                                     |                                                        |
| Comments: Soldier is living in Las Vegas  |                                                       |                                                                                                     |                                                        |





# IST OUT WORKSHEET

- Soldiers moving to another state
- Area's to be concerned with:
- What State is the Soldier moving to?
- Need address in Gaining State – If soldier does not have address, need city they are moving to
- Need contact phone number (message phone or cell number)
- Is soldier flagged, meets HT/WT, passed APFT?
- Has soldier made contact with gaining state, if so what unit and MOS?
- When does the soldier plan on be in new state?
- **Remember, try to make all IST out coordinated transfers!!!**

- 
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  - When does the soldier plan on be in new state?
  - **Remember, try to make all IST out coordinated transfers!!!**

e-mail: deray.landon@nv.ngb.army.mil

Template- NGB-ASM  
As of: 06/26/2009 0:21:11

## 5-46 ENLISTMENT IN ANOTHER U.S. ARMED FORCE

- ARNGUS SOLDIERS MAY ENLIST INTO THE REGULAR OR RESERVE COMPONENT OF ANY U.S. ARMED SERVICE
- IF SOLDIER HAS NOT COMPLETED IADT AND AWARDED AN MOS (NGB-ARP-PE) MAY GRANT EXCEPTIONS TO THIS POLICY
- HAVE NOT SERVED AT LEAST 6 MTHS AFTER AWARD OF MOS (STATE AG WAIVER REQUIRED)
- CANNOT BE RELEASED IF SOLDIER HAS BE ALERTED FOR MOBILIZATION
- SOLDIER IS A MEMBERS OF ARNG UNTIL THEY SHIP OR IN A RESERVE COMPONENT, THE ENLISTMENT HAS BEEN CONFIRMED

# DD FORM 368 REQUEST FOR CONDITIONAL RELEASE

- Section I Request for Release
- Para 1 is filled out by soldiers recruiter
- Para 3d soldier has to sign
- Para 4 recruiters information and service that soldier is enlisting into
- Section II is the Approval/Disapproval – unit commander approves or disapproves and signs – forward back to recruiter
- Section III is completed and returned with a copy of DD Form 4/1-2
- Forward a copy of both to SIDPERS and they will cut a discharge order
- **Note: soldier will continue to drill and perform duties until they ship or with reserve, until you receive a copy of the DD Form 4/1-2**

| REQUEST FOR CONDITIONAL RELEASE<br>(Read Privacy Act Statement and Instructions on back before completing this form.)                                                                                                                                                                                                                                                                  |                                                               |                        |                        |                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------|------------------------|-------------------------------------------|
| <b>SECTION I - REQUEST FOR RELEASE</b>                                                                                                                                                                                                                                                                                                                                                 |                                                               |                        |                        |                                           |
| <b>1. SERVICE MEMBER DATA</b>                                                                                                                                                                                                                                                                                                                                                          |                                                               |                        |                        |                                           |
| a. NAME (Last, First, Middle Initial)<br>LONDON FRANCIS D                                                                                                                                                                                                                                                                                                                              |                                                               | b. PAY GRADE<br>SFC    | c. SSN<br>000-00-0000  | d. SERVICE COMPONENT<br>ARNG              |
| e. CURRENT UNIT/<br>COMMAND                                                                                                                                                                                                                                                                                                                                                            | f. ADDRESS<br>(1) STREET<br>1/221ST AR CAV DUIC 6400 RANGE RD |                        | (2) CITY<br>LAS VEGAS  | (3) STATE<br>NV                           |
|                                                                                                                                                                                                                                                                                                                                                                                        |                                                               |                        | (4) ZIP CODE<br>89115- |                                           |
| <b>2. RECRUITING OFFICE ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                    |                                                               |                        |                        |                                           |
| a. STREET<br>2460 FAIRVIEW DR                                                                                                                                                                                                                                                                                                                                                          |                                                               | b. CITY<br>CARSON CITY | c. STATE<br>NV         | d. ZIP CODE<br>89701-                     |
| <b>3. ACKNOWLEDGEMENT OF SERVICE MEMBER</b>                                                                                                                                                                                                                                                                                                                                            |                                                               |                        |                        |                                           |
| a. I request a conditional release to process for entrance into another component of the Military Service. If I am a member of the National Guard or Reserve, I understand that I must attend all scheduled training until such time as I am enlisted or appointed into another Service. I also understand that I am to keep my current commander informed of any change in my status. |                                                               |                        |                        |                                           |
| b. OFFICER MEMBER ONLY. I hereby tender my resignation from the _____ (losing component); request that it be contingent upon actual appointment or enlistment in the _____ (gaining component), and be effective the day preceding the date of my acceptance of appointment or enlistment.                                                                                             |                                                               |                        |                        |                                           |
| c. ENLISTED MEMBER ONLY. I understand I will be discharged from my current status effective the day preceding the date of my enlistment or appointment.                                                                                                                                                                                                                                |                                                               |                        |                        |                                           |
| d. MEMBER SIGNATURE                                                                                                                                                                                                                                                                                                                                                                    |                                                               |                        |                        | e. DATE SIGNED<br>20060627                |
| <b>4. RECRUITER REQUEST FOR CONDITIONAL RELEASE</b>                                                                                                                                                                                                                                                                                                                                    |                                                               |                        |                        |                                           |
| a. Request conditional release to enlist/appoint member into the <u>USA</u> (Service/Component).                                                                                                                                                                                                                                                                                       |                                                               |                        |                        |                                           |
| b. NAME OF RECRUITER (Last, First, Middle Initial)<br>FAST GOT O                                                                                                                                                                                                                                                                                                                       |                                                               | c. SIGNATURE           |                        | d. DATE SIGNED<br>20060627                |
| e. TITLE<br>RECRUITER                                                                                                                                                                                                                                                                                                                                                                  |                                                               |                        |                        |                                           |
| <b>SECTION II - APPROVAL/DISAPPROVAL</b>                                                                                                                                                                                                                                                                                                                                               |                                                               |                        |                        |                                           |
| 5. (X as applicable)                                                                                                                                                                                                                                                                                                                                                                   |                                                               |                        |                        |                                           |
| <input checked="" type="checkbox"/> a. APPROVED. Individual is recommended and conditional release is granted. The release is valid until _____                                                                                                                                                                                                                                        |                                                               |                        |                        |                                           |
| <input type="checkbox"/> b. DISAPPROVED. Release is not granted. (Explain in "Remarks.")                                                                                                                                                                                                                                                                                               |                                                               |                        |                        |                                           |
| <b>6. AUTHORIZING OFFICIAL</b>                                                                                                                                                                                                                                                                                                                                                         |                                                               |                        |                        |                                           |
| a. NAME (Last, First, Middle Initial)<br>BOSS I AM                                                                                                                                                                                                                                                                                                                                     |                                                               | b. TITLE<br>COMMANDER  |                        |                                           |
| c. TELEPHONE NUMBER<br>(Include area code)<br>(702) 632-0561                                                                                                                                                                                                                                                                                                                           | d. ADDRESS<br>(1) STREET<br>6400 RANGE RD                     |                        | (2) CITY<br>LAS VEGAS  | (3) STATE<br>NV                           |
|                                                                                                                                                                                                                                                                                                                                                                                        |                                                               |                        | (4) ZIP CODE<br>89115- |                                           |
| e. SIGNATURE                                                                                                                                                                                                                                                                                                                                                                           |                                                               |                        |                        | f. DATE SIGNED<br>20060627                |
| <b>SECTION III - NOTIFICATION OF ENLISTMENT/APPOINTMENT ACTION</b>                                                                                                                                                                                                                                                                                                                     |                                                               |                        |                        |                                           |
| 7. The member was administered the oath of enlistment or appointment into <u>20060801</u><br>THIS FORM AND A COPY OF THE OATH MUST BE RETURNED TO THE ADDRESS IN ITEM 6.d. TO EFFECT THE MEMBER'S DISCHARGE OR WITHDRAWAL OF FEDERAL RECOGNITION.                                                                                                                                      |                                                               |                        |                        |                                           |
| <b>8. CERTIFYING OFFICIAL</b>                                                                                                                                                                                                                                                                                                                                                          |                                                               |                        |                        |                                           |
| a. NAME (Last, First, Middle Initial)<br>FAST GOT O                                                                                                                                                                                                                                                                                                                                    |                                                               | b. TITLE<br>RECRUITER  |                        | c. UNIT/COMMAND<br>LV RECRUITING CMD ARMY |
| d. TELEPHONE NUMBER<br>(Include area code)<br>(702) 555-1111                                                                                                                                                                                                                                                                                                                           | e. ADDRESS<br>(1) STREET<br>SOME WHERE                        |                        | (2) CITY<br>LAS VEGAS  | (3) STATE<br>NV                           |
|                                                                                                                                                                                                                                                                                                                                                                                        |                                                               |                        | (4) ZIP CODE<br>89815- |                                           |
| f. SIGNATURE                                                                                                                                                                                                                                                                                                                                                                           |                                                               |                        |                        | g. DATE SIGNED<br>20060805                |



# Use this form for anyone who is in any other service other than ARMY IRR

## SECTION I - REQUEST FOR RELEASE

### 1. SERVICE MEMBER DATA

|                                       |                       |        |                      |              |
|---------------------------------------|-----------------------|--------|----------------------|--------------|
| a. NAME (Last, First, Middle Initial) | b. PAY GRADE          | c. SSN | d. SERVICE COMPONENT |              |
|                                       |                       |        |                      |              |
| e. COMMAND                            | f. ADDRESS (1) STREET |        | (2) CITY             | (3) STATE    |
|                                       |                       |        |                      | (4) ZIP CODE |
|                                       |                       |        |                      |              |

### 2. RECRUITING OFFICE ADDRESS

|           |         |          |             |
|-----------|---------|----------|-------------|
| a. STREET | b. CITY | c. STATE | d. ZIP CODE |
|           |         |          |             |

### 3. ACKNOWLEDGEMENT OF SERVICE MEMBER

a. I request a conditional release to process for entrance into another component of the Military Service. If I am a member of the National Guard or Reserve, I am to be accepted preceding the

b. OFFICER CONTINGENT date of m

c. ENLISTED MEMBER SIGNATURE. I understand I will be discharged from my current status effective the day preceding the date of my enlistment or appointment.

d. MEMBER SIGNATURE

e. DATE SIGNED

All area's in pink are be filled out by initiating recruiter. RRM signs and dates and applicant signs and date. Sent to command that you are requesting the conditional release from.

Applicant signature

### 4. RECRUITER REQUEST FOR CONDITIONAL RELEASE

a. Request conditional release to enlist/appoint member into the \_\_\_\_\_ (Service/Component).

b. NAME OF RECRUITER (Last, First, Middle Initial)

c. SIGNATURE

d. DATE SIGNED

Recruiters signature

## SECTION II - APPROVAL/DISAPPROVAL

### 5. (X as applicable)

a. \_\_\_\_\_

b. \_\_\_\_\_

All area in violet are to be completed by command releasing applicant. When complete they are to forward back to recruiter

### 6. AUTHORITY OFFICER

a. NAME (Last, First, Middle Initial)

b. TITLE

c. TELEPHONE NUMBER (Include area code)

d. ADDRESS (1) STREET (2) CITY (3) STATE (4) ZIP CODE

e. SIGNATURE

f. DATE SIGNED

### SECTION III - NOTIFICATION OF ENLISTMENT/APPOINTMENT ACTION

7. The member is being released from this form OR WITHOUT

8. CERTIFY

All area in red are to be completed by recruiter once a DD from 4 is done. Send completed copy of 368 and DD Form 4 back to losing Cmd

a. NAME (Last, First, Middle Initial)

b. TITLE

c. UNIT/COMMAND

d. TELEPHONE NUMBER (Include area code)

e. ADDRESS (1) STREET (2) CITY (3) STATE (4) ZIP CODE

Recruiters signature



**Nevada Army National Guard  
Interstate Transfer Checklist  
IST Coordinators  
North: Mr De Ray Landon 877-564-7237  
South: SSG David Eisele 702-643-4248**

**What is the Process to do an Interstate Transfer?**

**SOLDIER RESPONSIBILITY**

☐ **Notification:** Notify you current Army National Guard Unit you are relocating to another state.

☐ **Information needed for the Transfer:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address moving to: \_\_\_\_\_  
(Minimum Information City & State)

Contact name and phone number: \_\_\_\_\_

Date you will be in new state: \_\_\_\_\_

☐ **Clear Supply:** Turn-in everything issued you by your Unit (TA-50, etc.) except clothing.

**UNIT RESPONSIBILITY**

☐ **Notify Nevada's IST coordinator:** Nevada's coordinator will contact the new state and locate a unit in the new state. It is the responsibility of the unit to inform the IST coordinator about any issues concerning the soldier (flagged for weight control, PT, stop loss, pay issues, etc.)

☐ **Coordinated IST Transfers:** (It is the responsibility of the unit to coordinate all IST's). Prior to the soldiers relocation complete NGB Form 22-5-r. Forward completed NGB Form 22-5-r to IST coordinator ([deray.landon@nv.ngb.army.mil](mailto:deray.landon@nv.ngb.army.mil) or [David.Eisele@nv.ngb.army.mil](mailto:David.Eisele@nv.ngb.army.mil))

☐ **Un-coordinated IST Transfer:** A soldier may need to relocate quickly without the transfer being completed. Unit will complete DA Form 4651 (90 day conditional release). This allows the soldier 90 days to find a unit in new state, complete NGB Form 22-5-r and complete IST process. If soldier does not complete the IST process within the 90 days limit. Unit will process soldier for discharge.

**IST COORDINATORS RESPONSIBILITY**

☐ After the IST coordinator has been contacted that a soldier is moving. They will complete an IST worksheet. This will be forwarded to the gaining state IST coordinator, copy forward to the Nevada unit. The IST worksheet is used to find a unit for the soldier.

☐ When the IST worksheet has been returned from the gaining state. The Nevada IST coordinator will assist the unit with completing the NGB form 22-5-r.

☐ After the NGB form 22-5-r has been received. Nevada's IST coordinator will forward a cover sheet, NGB Form 22-5-r and copy of soldiers PQR to Nevada's enlisted strength manager, gaining state IST coordinator and losing unit.

**STATE OF NEVADA ENLISTED STRENGTH MANGER RESPONSIBILITY**

☐ After receiving the IST out packet. Will issue a transfer order and ensure that the soldier's packet is forwarded to the gaining state.